Individual Safety Report

EISAI, INC.
For use by user-facilities.
ibutors and manufacturers for
#ANDATORY reporting

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A. Patient information		Page	1_02		
Patient identifier 2. Age at time				1	JOM.
of event: 71	3. Sex	4. Weight	C. Suspect m	alad street at a	
Date	1 (cmale	110 ibs	ARICEPT	(DONEPEZIL)	nown)
In confidence of birth:	☐ male	or			
B. Adverse event or product pro	blem	kgs		(PARACETAMOL)	
Adverse event and/or			2. Dose, frequency	& route used	conr
2. Outcomes attributed to adverse event	Product problem (e.g., defects/	malfunctions)	NA (1 in oral	n 1 D),Per	3. Therapy dates (if unknown, give duration)
(Cinca alt usar appry)	disability		NA, Per o		1 12/ /98 - 01/16/99
death	congenital anomaly		/		2 01/17/99
life-threatening	required intervention to present	:01	4. Diagnosis for use #1 DEMENTIA	(Indication)	2 01/17/99 - 01/17/99 5. Event abated after use
hospitalization - initial or prolonged	permanent impairment/damage	re j	1 1	•	stopped or dose reduced
. Date of	other:		12 UNKNOWN		#1
event 01/17/00	4. Date of		6. Lat# (if known)		40
	this report 01/29/	99	#1	7. Exp. date	
Describe event or problem			1 2		8. Event reappeared after
a 71 year old Cauca received Aricept theran	asian female	- 1		02	reintroduction
			9. NDC# - for produc	ct problems only (if known)	II ☐ yes ☐ no ☐ doe
ADDIOX: Dec//ce					LIME 400
therapy at an unreporte	d dosage	pt	10. Concomitant medic	# modern	P2 yes no doe app
Jan/17/99 . m		1	No concomi	alproducts and therapy of tant drugs rep	fales (exclude treatment of event)
Jan/17/99 : The patient Aricept therapy and ace patient was found unres	took an overdose	of	1	-3- *CP	
family momband unres	ponsive / comatogo				
		. pA		and the second	
MAT Thomas	MCHOMP Indiana -	- 11			네 아들이 맛을 더 말할 때 밖을
LEIE IN Pho L	CUDIELS! OF NEIL-	nt I	G. All manufactu		
		he	. Contact office - name/a		
UCAI DAGALLA	· CMCIDEDOV FAAR -/	e 11	EISAI, INC.		devices) 2 Phone number
esponging by	u pecame minimali	1 1	Drug Safery		201-692-9160
UU PM Fha	··· AUDITAYIMSESI	3	⊃00 Frank w	D	3. Report source
ate in the 50. The pati	ent had a heart	11	USA	07666-6741	(check all that apply)
CPFAM: Non-L	THE UKS WAVES	- 11	(Printing)	Unit)	oreign [
10117005	JOU INCO/MI &	11		,	☐ study
ESCUCIOCHALIMANA	- 5300-10,000 tre	ad			☐ Interapure
Pseudocholinesterase lange 1900-3800 U/L).	evel 1842 U/L (Re	ė			
_			Date meeting to		Consumer
event tests/laboratory data, including dates	cont	- 14"	Date received by manufactionships	SANDA# 20	health professional
in/17/99:			01/28/99		user facility
T = 79rr $t = 1$	•	6.	If IND, pretorol #	IND.	Company
etaminoph :	_	11		PLA#	representative
proximately 3 hours aft	80 mcg/ml	-	Type of report	pre-1938	yes distributor
ind are	er the parions	: 11" (chock all that apply)	отс	
plinesterase level 7410 00-10,000 U/L)	U/L (ref Range		S-day 15-day	product	
udocholinosa	1 1940 ***	16	C	8. Adverse event	term(s)
ige 1900-3800 U/L)	- 1042 U/L (Ref	112	10-day periodic	(1) COMA	i
relevant history, including proceduting medical cancy, smoking and alcohol use homeling	Cont.		Initial To follow-up a	(2) CONFT	SION
TELECOTORIA DIVERSI	enditions (e.g., allergies, race			ABNORM	FUNCTION TESTS
E 1)1 \$0	rava, CEC.)	7. M	Ifr. report mumber	, 4) BRADYO	CARDIA
ENTIA DSS		1 500	1-002-002990	1	}
	DECENTOR	- I	minimal and a second		
FEB 5 1999	RECEIVED		nitial reporter		
FEB 5 1999	FEB 0 4 1999	MS MS	S .		
1	LED 0 4 1223		-	CENTER	i
DVERSE EVENT REPORTING SYSTEM	13.7.		VIVERSITY		CAL CENTER
В	Y:	. Us			CHAIEK
		Ph	one #		ſ
Submission of a reg	port does not constitute an	2. Flan	ith professional?		
distributor, manufa	ical personnel, user facility,	- 1	1	3. Occupation	4. Initial reporter also
inule contributed to the e	vent,	[bz]	yes no	Poison Control	XIII report to FDA
				Center	Lyes Lim Daunk

Mfr. report # : A001-002-002990

Date of this report: 01/29/99

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B. Adverse event or product problem

3.5 Describe event or problem (Cont...)

Jan/18/99: A health care professional from the Poison control center contacted the company. Cholinesterase level 8312 U/L. Pseudocholinesterase level was 1954 U/L (Ref Range 1900-3800 Jan/19/99: Follow-up with the health care professional but responsive; it is not known if the patient took an intentional overdose. The patient is receiving Mucomyst (acetylcysteine) for the treatment of acetaminophen overdose. The patient's ALT and AST were both "under 100." reveals the patient remains confused

Jan/20/99: Resident Physician was contacted in follow-up, he indicated the patient remains responsive but demented. He indicated that the family feels the patient has not returned to baseline cognition. He indicated that he felt she was probably at baseline as the family was not in close contact with the patient at all times. The patient's bradycardia has resolved and heart rate is in the 80's. AST level was 33 UI/L and the ALT was 72 UI/L.

ADDITIONAL INFORMATION RECEIVED: JAN/28/99: The resident physician at the Poison Control Center of The University of was contacted in follow-up.

Jan/21 or 22/99: Another cholinesterase level was drawn, results pending.

Jan/22/99: The patient was discharged form the hospital. At the time of discharge the physician felt was probably her baseline.

B.5 Relevant tests/laboratory data, including dates (Cont...)

Jan/18/99: Cholinesterase level 8312 U/L Pseudocholinesterase level 1954 U/L

Jan/19/99: AST and ALT = < "100"

Jan/20/99: AST 33 IU/L ALT 72 UI /L

an/21/or 22/99: Cholinesterase level drawn: results pending.

C. Suspect medication (Cont...)

Seq No. C.1 Suspect medication C.2 Dose, frequency & route used C.3 Therapy Dates (or duration)

: ARICEPT (DONEPEZIL) :2) NA, Per oral :2) 01/17/99 - 01/17/99



FEB 5 1999

ADVERSE EVENT REPORTING SYSTEM

RECEIVED
FEB h 4 1999
BY: